

United States Bankruptcy Court Northern DISTRICT OF Illinois					Voluntary Petition																								
Name of Debtor (if individual, enter Last, First, Middle): GRIEGO, Esther [NMN]					Name of Joint Debtor (Spouse) (Last, First, Middle): none																								
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): none					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																								
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 3871					Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																								
Street Address of Debtor (No. and Street, City, and State): 4416 W 59TH ST APT 4A CHICAGO IL <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">60629-5248</div>					Street Address of Joint Debtor (No. and Street, City, and State): <div style="border: 1px solid black; width: 100px; float: right;"></div>																								
County of Residence or of the Principal Place of Business: COOK					County of Residence or of the Principal Place of Business:																								
Mailing Address of Debtor (if different from street address): (same) <div style="border: 1px solid black; width: 100px; float: right;"></div>					Mailing Address of Joint Debtor (if different from street address): <div style="border: 1px solid black; width: 100px; float: right;"></div>																								
Location of Principal Assets of Business Debtor (if different from street address above): N/A <div style="border: 1px solid black; width: 100px; float: right;"></div>																													
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																									
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.								THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width:100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000			50,001-100,000	Over 100,000																		
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Estimated Assets <table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$10,000</td> <td><input checked="" type="checkbox"/> \$10,000 to \$100,000</td> <td><input type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>								<input type="checkbox"/> \$0 to \$10,000	<input checked="" type="checkbox"/> \$10,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Estimated Liabilities <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,000 to \$100,000</td> <td><input type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																									

Form B1, Exhibit C
(9/01)

In re ESTHER GRIEGO

Case No.

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

None

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

N/A

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re ESTHER GRIEGO
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

Official Form 1, Exh. D (10/06) – Cont.

☐3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐Active military duty in a military combat zone.

☐5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____ /s/ Esther Griego

Date: _____ 27 August 2007

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS – EASTERN DIVISION**

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d). The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address including ZIP Code	Name, telephone number and complete mailing address, including ZIP Code of employee, agent, or department of creditor familiar with claim who may be contacted.	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
SALLIEMAE SERVICING PO BOX 9500 WILKES BARRE PA 18773-9500	SALLIEMAE SERVICING PO BOX 9500 WILKES BARRE PA 18773-9500 888-272-5543	student loan 9701119288-1	unliquidated	US\$6,892.63
ST MARY OF NAZARETH HOSP PO BOX 220292 CHICAGO IL 60622-0292	REVENUE PRODUCTION MGT PO BOX 830913 BIRMINGHAM AL 35283-0913 847-257-3000	medical bill 000698396 000698396-4162 / 30-57558-0	unliquidated	US\$6,694.00
CITIFINANCIAL PO BOX 221649 CHARLOTTE NC 28222-1649	RICHARD A SNOW ESQ 123 W MADISON ST STE 310 CHICAGO IL 60602-4847 312-782-7861	unsecured loan 607439562130... 05-M1-126854	unliquidated	US\$6,409.27
SEARS PO BOX 183081 COLUMBUS OH 43218-3081	CAPITAL MANAGEMENT SVCS 726 EXCHANGE ST STE 700 BUFFALO NY 14210-1464 716-871-9050 LVNV FUNDING PO BOX 10584 GREENVILLE SC 29603-0584 866-464-1183 ALLIED INTERSTATE INC PO BOX 361774 COLUMBUS OH 43236-1774 866-310-3882 MITCHELL N KAY PC PO BOX 2374 CHICAGO IL 60690-2374 646-205-1829	revolving credit 1150000934374 / 027306828 / 50122181-11	unliquidated	US\$3,028.07

NEWPORTNEWS CARDMEMBER PO BOX 9204 OLD BETHPAGE NY 11804-9004	PALISADES COLLECTION 210 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632-2524 800-991-9367 NORTHLAND GROUP INC PO BOX 390846 EDINA MN 55439-0846 800-800-8191	revolving credit 5770911013763 200 / PAL1GRTSEN1 012650	unliquidated	US\$2,125.00
ALAN J BERNSTEIN LTD 10 S LASALLE ST STE 2424 CHICAGO IL 60603-1066	ALAN J BERNSTEIN LTD 10 S LASALLE ST STE 2424 CHICAGO IL 60603-1066 312-726-2755	legal services 07166 - re 01-D- 12610	unliquidated	US\$2,016.42
CITIFINANCIAL SERVICES INC PO BOX 70918 CHARLOTTE NC 28272-0918	CITIFINANCIAL SERVICES INC PO BOX 70918 CHARLOTTE NC 28272-0918 800-233-6903	consumer credit 6743956- 0304221	unliquidated	US\$1,643.40
HSBC NV PO BOX 19360 PORTLAND OR 97280-0360	HSBC NV PO BOX 19360 PORTLAND OR 97280-0360 800-477-6000	revolving credit 544045502313 + 46630900... + 09000556...	unliquidated	641.00 466.00 + 410.00 <u>US\$1,517.00</u>
AT&T (FORMERLY SBC)	PORTFOLIO RECOVERY PO BOX 12914 NORFOLK VA 23541-0914 804-518-1773	utilities SBC- 630416930...	unliquidated	US\$1,146.00
US DEPT OF THE TREASURY IRS CENTER KANSAS CITY MO 64999-0010	US DEPT OF THE TREASURY IRS CENTER KANSAS CITY MO 64999-0010 800-829-0922	Federal income tax ...3871	unliquidated	US\$1,137.40
AMBULATORY SURGICENTER 4333 MAIN ST DOWNERS GROVE IL 60515-2869	AMBULATORY SURGICENTER 4333 MAIN ST DOWNERS GROVE IL 60515-2869 630-322-9451	medical care GRIE052355	unliquidated	US\$1,050.00
GOOD SAMARITAN HOSPITAL PO BOX 93548 CHICAGO IL 60673-3548	GOOD SAMARITAN HOSPITAL PO BOX 93548 CHICAGO IL 60673-3548 800-215-7849	medical care 111684288	unliquidated	US\$848.70
GEMB / HOME DEPOT PO BOX 981400 EL PASO TX 79998-1400	CAPITAL MANAGEMENT SERVICES 726 EXCHANGE ST STE 700 BUFFALO NY 14210-1464 800-394-1028 FRIEDMAN AND WEXLER LLC 500 W MADISON ST STE 2910 CHICAGO IL 60661-2587 312-474-1000	revolving credit CG357367- 007... / CG3573674738 / 72009.823	unliquidated	US\$787.00
DIVISION ANESTHESIA GROUP 520 E 22ND ST LOMBARD IL 60148-6110	A/R CONCEPTS, INC. 33 W HIGGINS RD STE 715 SOUTH BARRINGTON IL 60010-9103 630-972-3030	medical care 9660 / 132-2- 0000009660	unliquidated	US\$770.00
ORCHARD BANK PO BOX 80084 SALINAS CA 93912-0084	ORCHARD BANK PO BOX 80084 SALINAS CA 93912-0084 503-245-9280	credit card ...1843 + ...8010	unliquidated	645.67 + 430.41 <u>US\$1,076.08</u>

WFNNB / EXPRESS PO BOX 330064 NORTHGLENN CO 80233-8064	WFNNB / EXPRESS PO BOX 330064 NORTHGLENN CO 80233-8064 800-224-3114	revolving credit 3347449233474 ...	unliquidated	US\$584.00
CREDIT ONE BANK PO BOX 98873 LAS VEGAS NV 89193-8873	CREDIT ONE BANK PO BOX 98873 LAS VEGAS NV 89193-8873 877-825-3242	credit card ...5280	unliquidated	US\$568.88
SPRINT/NEXTEL PO BOX 660075 DALLAS TX 75266-0075	SPRINT/NEXTEL PO BOX 660075 DALLAS TX 75266-0075 800-877-4646	utilities 6000000100025 1800	unliquidated	US\$402.00
CITIFINANCIAL SERVICES INC PO BOX 221649 CHARLOTTE NC 28222-1649	CITIFINANCIAL SERVICES INC PO BOX 221649 CHARLOTTE NC 28222-1649 800-233-6903	revolving credit 67220658- 0301752	unliquidated	US\$383.68
NORDSTROM FSB PO BOX 13589 SCOTTSDALE AZ 85267-3589	NORDSTROM FSB PO BOX 13589 SCOTTSDALE AZ 85267-3589 800-964-1800	revolving credit 1259...	unliquidated	US\$352.00

Date: 27 August 2007

/s/ Esther Griego
Debtor

Form B6
(10/05)

FORM 6. SCHEDULES

Summary of Schedules
Statistical Summary of Certain Liabilities

Schedule A - Real Property
Schedule B - Personal Property
Schedule C - Property Claimed as Exempt
Schedule D - Creditors Holding Secured Claims
Schedule E - Creditors Holding Unsecured Priority Claims
Schedule F - Creditors Holding Unsecured Nonpriority Claims
Schedule G - Executory Contracts and Unexpired Leases
Schedule H - Codebtors
Schedule I - Current Income of Individual Debtor(s)
Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

Official Form 6 - Summary (10/06)

United States Bankruptcy Court

Northern District Of Illinois

In re ESTHER GRIEGO,
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0		
B - Personal Property	Yes	1	\$36724.17		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$2579.65	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$1137.40	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		\$38559.24	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$2554.01
J - Current Expenditures of Individual Debtors(s)	Yes	1			\$1872.80
TOTAL		17	\$36724.17	\$42276.29	

United States Bankruptcy Court

Northern District Of Illinois

In re ESTHER GRIEGO,
Debtor

Case No. _____

Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ 1137.40
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0
Student Loan Obligations (from Schedule F)	\$6892.63
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0
TOTAL	\$8030.030000

State the following:

Average Income (from Schedule I, Line 16)	\$ 2554.01
Average Expenses (from Schedule J, Line 18)	\$ 1872.8
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$3437.5

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 2.21
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,137.40	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0
4. Total from Schedule F		\$38,559.24
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$38,561.45

ESTHER GRIEGO

In re _____,
DebtorCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None	None		None	None
Total ➤			None	

(Report also on Summary of Schedules.)

In re ESTHER GRIEGO,
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		US\$18.72, more or less, in debtor's handbag		US\$18.72
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		US\$6.80 (acct ...6005=75) + US\$61.59 (acct ...6004=01), Money Federal Credit Union; US\$485.88 (acct ...500), CitiBank; US\$243.24 (acct ...4051), LaSalle Bank; US\$102.77 (acct 2910634894) + US\$46.00 (acct 2910635933), Harris Bank		US\$946.28
3. Security deposits with public utilities, telephone companies, landlords, and others.		US\$500.00 with landlord, Conrad & Chris Zadio, 5835 S Kenneth Ave., Chicago US\$200.00 with ComEd		US\$700.00
4. Household goods and furnishings, including audio, video, and computer equipment.		household goods and furnishings, including audio, video, and computer; 4416 W 59TH ST APT 4A, CHICAGO		US\$4,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other; 4416 W 59TH ST APT 4A, CHICAGO		US\$1,000.00
6. Wearing apparel.		wearing apparel; 4416 W 59TH ST APT 4A, CHICAGO		US\$3,000.00
7. Furs and jewelry.		jewelry; 4416 W 59TH ST APT 4A, CHICAGO		US\$1,000.00
8. Firearms and sports, photographic, and other hobby equipment.		sports, photographic, and other hobby equipment; 4416 W 59TH ST APT 4A, CHICAGO		US\$300.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		only \$5000 term policy - no cash surrender value		US\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			

In re ESTHER GRIEGO,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		US\$4,157.21 in 401K acct 322-84805; Nationwide Mutual US\$16,751.96 in IRA acct 403149314; Fidelity Investments		US\$20,909.17
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

In re ESTHER GRIEGO, Case No. _____
Debtor (If known)

SCHEDULE B -PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Toyota Corolla with 72,000 miles; 4416 W 59TH ST APT 4A, CHICAGO		US\$4,850
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<u>0</u> continuation sheets attached Total				\$ 36,724.17

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)



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2001 Toyota Corolla CE Sedan 4D

BLUE BOOK® TRADE-IN VALUE



Condition	Value
Excellent	\$5,300
✓ Good (Selected)	\$4,850
Fair	\$4,070

Average Consumer Rating (38 Reviews)

[Read Reviews](#)

☆☆☆☆☆ 4.6 out of 5

[Review This Vehicle](#)

Vehicle Highlights

Mileage: 72,000
Engine: 4-Cyl. 1.8 Liter
Transmission: 5 Speed Manual
Drivetrain: FWD

Selected Equipment

Standard

Air Conditioning	AM/FM Stereo	Dual Front Air Bags
Power Steering	Cassette	

Blue Book Trade-In Value

Trade-in Value is what consumers can expect to receive from a dealer for a trade-in vehicle assuming an accurate appraisal of condition. This value will likely be less than the Private Party Value because the reselling dealer incurs the cost of safety inspections, reconditioning and other costs of doing business.

Vehicle Condition Ratings

Excellent



\$5,300

"Excellent" condition means that the vehicle looks new, is in excellent mechanical condition and needs no reconditioning. This vehicle has never had any paint or body work and is free of rust. The vehicle has a clean title history and will pass a smog and safety inspection. The engine compartment is clean,

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advertisement

Great leases
available on a
2007 Corolla

Offer ends 09/04/2007

LOTS ON THE LOT event

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NOT IN 60629? CHANGE LOCATION

TOYOTA
moving forward

with no fluid leaks and is free of any wear or visible defects. The vehicle also has complete and verifiable service records. Less than 5% of all used vehicles fall into this category.

[Close Window](#)**✓ Good** (Selected)**\$4,850**

"Good" condition means that the vehicle is free of any major defects. This vehicle has a clean title history, the paint, body and interior have only minor (if any) blemishes, and there are no major mechanical problems. There should be little or no rust on this vehicle. The tires match and have substantial tread wear left. A "good" vehicle will need some reconditioning to be sold at retail. Most consumer owned vehicles fall into this category.

Fair**\$4,070**

"Fair" condition means that the vehicle has some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition. This vehicle has a clean title history, the paint, body and/or interior need work performed by a professional. The tires may need to be replaced. There may be some repairable rust damage.

Poor**N/A**

"Poor" condition means that the vehicle has severe mechanical and/or cosmetic defects and is in poor running condition. The vehicle may have problems that cannot be readily fixed such as a damaged frame or a rusted-through body. A vehicle with a branded title (salvage, flood, etc.) or unsubstantiated mileage is considered "poor." A vehicle in poor condition may require an independent appraisal to determine its value. Kelley Blue Book does not attempt to report a value on a "poor" vehicle because the value of cars in this category varies greatly.

* Illinois 8/22/2007

In re ESTHER GRIEGO,
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☒ 11 U.S.C. § 522(b)(2)

☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Toyota Corolla with 72,000 miles	§ 522(d)(2)	2,400	4,850
household furnishings, household goods, wearing apparel, appliances, books, animals, crops, or musical instruments	§ 522(d)(3)	8,000	8,000
jewelry	§ 522(d)(4)	1,000	1,000
miscellaneous personal property	§ 522(d)(5)	800	800
US\$4,157.21 in 401K acct 322-84805; Nationwide Mutual US\$16,751.96 in IRA acct 403149314; Fidelity Investments	§ 522(d)(10)(E).	20,909.17	20,909.17

Official Form 6D (10/06)

In re ESTHER GRIEGO,
DebtorCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 6032-5903-2352-1533 CITIFINANCIAL RETAIL PO BOX 22060 TEMPE AZ 85285-2060	X		11/2004 furniture from Wickes Furniture VALUE \$ 2577.44		X		2579.65	2.21
ACCOUNT NO. none follows			value above reflects 10% annual depreciation at 1 year, 9 months VALUE \$ 0				0	0
ACCOUNT NO. 			VALUE \$ 0				0	0
Subtotal ► (Total of this page)							\$ 2579.65	\$ 2.21
Total ► (Use only on last page)							\$ 2679.65	\$ 2.21

continuation sheets
attached

(Report also on Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

Official Form 6E (10/06)

In re ESTHER GRIEGO,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Official Form 6E (10/06) - Cont.

In re ESTHER GRIEGO,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

____ continuation sheets attached

In re ESTHER GRIEGO, Case No. _____
Debtor (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
Account No. 351-48-3871 US DEPT OF THE TREASURY . IRS CENTER KANSAS CITY MO 64999-0010			tax year 2005 income tax debt		x		1137.40	1137.40		
Account No.										
Account No.										
none follows										
Account No.										
Sheet no. ____ of ____ continuation sheets attached to Schedule of Creditors Holding Priority Claims							Subtotals> (Totals of this page)	\$ 1137.4	\$ 1137.4	0
							Total> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)	\$ 1137.40		
							Totals> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)		\$ 1,137.40	\$ 0

Official Form 6F

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS – EASTERN DIVISION**

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
000698396 / 000698396-4162 / 30-57558-0 ST MARY OF NAZARETH HOSP PO BOX 220292 CHICAGO IL 60622-0292 c/o REVENUE PRODUCTION MGT PO BOX 830913 BIRMINGHAM AL 35283-0913 847-257-3000			6/10/2004 medical		X		6,694.00
subtotal							\$6,694.00

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 2)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
67330658-0301752 / 67430956-0304221 05-M1-126854 CITIFINANCIAL PO BOX 221649 CHARLOTTE NC 28222-1649 c/o RICHARD A SNOW ESQ 123 W MADISON ST STE 310 CHICAGO IL 60602-4847 312-782-7861			2004 unsecured loan		X		6,409.27
1150000934374 / 027306828 / 50122181-11 SEARS PO BOX 183081 COLUMBUS OH 43218-3081 c/o CAPITAL MANAGEMENT SVCS 726 EXCHANGE ST STE 700 BUFFALO NY 14210-1464 716-871-9050 or c/o LVNV FUNDING PO BOX 10584 GREENVILLE SC 29603-0584 866-464-1183 or c/o ALLIED INTERSTATE INC PO BOX 361774 COLUMBUS OH 43236-1774 866-310-3882 or c/o MITCHELL N KAY PC PO BOX 2374 CHICAGO IL 60690-2374 646-205-1829			2004 revolving credit		X		3,028.07
subtotal							9,437.34

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 3)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
5770911013763204 / 06-M1-158369 PAL1GRTSEN1012650 / 1757824 NEWPORTNEWS CARDMEMBER PO BOX 9204 OLD BETHPAGE NY 11804-9004 c/o PALISADES COLLECTION 210 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632-2524 800-991-9367 or c/o BLATT HASENMILLER LEIBSKER PO BOX 5463 CHICAGO IL 60680-5463 866-269-9862			2004 revolving		X		2,125.00
07166 - re 01-D-12610 ALAN J BERNSTEIN LTD 10 S LASALLE ST STE 2424 CHICAGO IL 60603-1066 312-726-2755			2001-2005 legal services		X		2,016.42
544045502313 + 46630900... + 09000556... HSBC NV PO BOX 19360 PORTLAND OR 97280-0360 800-477-6000			2006, 2004 revolving credit		X		1,517.00
630416930... AT&T F/K/A SBC PO BOX 769 ARLINGTON TX 76004-0769 c/o PORTFOLIO RECOVERY PO BOX 12914 NORFOLK VA 23541-0914 804-518-1773			2004 utility		X		1,146.00
subtotal							6,804.42

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 4)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
9701119288-1			01/2006 student loan		X		6,892.63
SALLIEMAE SERVICING PO BOX 9500 WILKES BARRE PA 18773-9500 888-272-5543							
...1843 + ...8010			2004 credit cards		X		1,076.08
ORCHARD BANK PO BOX 80084 SALINAS CA 93912-0084 503-245-9280							
GRIE052355			12/22/2006 medical care		X		1,050.00
AMBULATORY SURGICENTER 4333 MAIN ST DOWNERS GROVE IL 60515-2869 630-322-9451							
111684288			1/11/2005 medical care		X		848.70
GOOD SAMARITAN HOSPITAL PO BOX 93548 CHICAGO IL 60673-3548 800-215-7849							
CG357367-007... / CG3573674738 / 72009.823			1998 revolving credit		X		787.00
GEMB / HOME DEPOT PO BOX 981400 EL PASO TX 79998-1400 c/o CAPITAL MANAGEMENT SERVICES 726 EXCHANGE ST STE 700 BUFFALO NY 14210-1464 800-394-1028 or c/o FRIEDMAN AND WEXLER LLC 500 W MADISON ST STE 2910 CHICAGO IL 60661-2587 312-474-1000							
subtotal							10,654.41

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 5)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
9660 / 132-2-0000009660							
DIVISION ANESTHESIA GROUP 520 E 22ND ST LOMBARD IL 60148-6110 c/o A/R CONCEPTS, INC. 33 W HIGGINS RD STE 715 SOUTH BARRINGTON IL 60010-9103 630-972-3030			6/10/2004 medical care		X		770.00
3347449233474...							
WFNNB / EXPRESS PO BOX 330064 NORTHGLENN CO 80233-8064 800-224-3114			3/23/1994 revolving credit		X		584.00
...5280							
CREDIT ONE BANK PO BOX 98873 LAS VEGAS NV 89193-8873 877-825-3242			5/22/2006 credit card		X		568.88
60000001000251800							
SPRINT/NEXTEL PO BOX 660075 DALLAS TX 75266-0075 800-877-4646			4/2007 utilities		X		402.00
67220658-0301752							
CITIFINANCIAL SERVICES INC PO BOX 221649 CHARLOTTE NC 28222-1649 800-233-6903			2004 credit card		X		383.68
1259...							
NORDSTROM FSB PO BOX 13589 SCOTTSDALE AZ 85267-3589 800-964-1800			5/10/1997 revolving credit		X		352.00
subtotal							3,060.56

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 6)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
GRIES000							
MICHAEL M MAGHRABI DPM 2623 S LAWNSDALE AVE STE C CHICAGO IL 60623-4520 773-522-9700			07/1999-11/1999 medical care		X		312.12
3-09-90-5581 0							
NICOR GAS PO BOX 2020 AURORA IL 60507-2020 888-642-6748			12/2000 utilities		X		277.01
HP115195							
M&M ORTHOPAEDICS LTD 4115 FAIRVIEW AVE DOWNERS GROVE IL 60515-2268 630-968-1881			04/2005 medical care		X		247.00
690593							
COMMUNITY RADIOLOGY LTD 1730 PARK ST STE 101 NAPERVILLE IL 60563-1290 630-718-1515			06/2004 medical care		X		180.00
8508797035							
COMED BILL PAYMENT CENTER CHICAGO IL 60668-0001 800-334-7661			2006 utilities		X		130.45
630-854-0050							
T-MOBILE BANKRUPTCY TEAM PO BOX 53410 BELLEVUE WA 98015-53410 800-937-8997			2006 utilities		X		125.25
subtotal							1,271.83

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 7)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
0008371 / 8092343576			9/2006 revolving credit		X		119.97
LEGACY FORMULAS LLC 11872 LA GRANGE AVE LOS ANGELES CA 90025-5230 c/o RMCB PO BOX 1238 ELMSFORD NY 10523-0938 914-345-7136							
PA 0698396-0			6/2003-7/2003 medical care		X		92.00
MARIPOSA PATHOLOGY ASSOC 5219 N HARLEM AVE CHICAGO IL 60656-1803 773-792-8255s							
111673281 / 5952137			1/2005 medical care		X		85.69
GOOD SAMARITAN HOSPITAL PO BOX 93548 CHICAGO IL 60673-3548 c/o MEDICAL RECOVERY SPECIALISTS 2200 E DEVON AVE STE 288 DES PLAINES IL 60018-4519 847-227-2150							
233083 / T3376529			2004 utilities		X		73.19
CITY OF NAPERVILLE 400 S EAGLE ST NAPERVILLE IL 60540-5279 c/o PENN CREDIT CORPORATION PO BOX 988 HARRISBURG PA 17108-0988 800-900-1380							
2952767553			6/2004 medical care		X		63.55
QUEST DIAGNOSTICS PO BOX 64804 BALTIMORE MD 21264-4804 800-888-8333							
subtotal							434.40

Official Form 6F

IN RE ESTHER GRIEGO, Debtor.

No. **2007-BK-**_____
Chapter: **7**

SCHEDULE F – CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

continuation sheet (page 8)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
281-2-0000024292							
RADIOLOGISTS OF DUPAGE SC 520 E 22ND ST LOMBARD IL 60148-6110 630-874-2744			1/2005 medical care		X		57.00
228339-1							
HINCKLEY SPRING WATER CO PO BOX 1888 BEDFORD PARK IL 60499-1888 630-946-0623			2002-2003 revolving credit		X		53.01
13630001							
GHELANI KALPESH DC 233 S WACKER DR STE 54 CHICAGO IL 60606-6427 c/o MAGES & PRICE 102 WILMOT RD STE 410 DEERFIELD IL 60015-5104 847-405-7600			2004 medical care		X		50.00
4854509							
GOOD SAMARITAN HOSPITAL PO BOX 93548 CHICAGO IL 60673-3548 c/o ILLINOIS COLLECTION SVC INC PO BOX 646 OAK LAWN IL 60454-0646 708-857-7600			6/2001 medical care		X		25.00
26118878							
AT&T F/K/A CINGULAR 5407 ANDREWS HWY MIDLAND TX 79706-2851 c/o BUREAU OF COLCTN RECOVERY 7575 CORPORATE WAY EDEN PRARIE MN 55344-2022 952-934-7777			2002 utility		X		17.27
subtotal							202.28
TOTAL:							US\$38,559.24

Form B6G
(10/05)

In re ESTHER GRIEGO,
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
CONRAD & CHRIS ZADLO 5835 S KENNETH AVE CHICAGO IL 60629-5226	residential lease for debtor's home
COMMONWEALTH EDISON BILL PAYMENT CENTER CHICAGO IL 60668-0001	electrical utility at debtor's home
AT&T PO BOX 769 ARLINGTON TX 76004-0769	telephony/internet utility at debtor's home
T-MOBILE BANKRUPTCY TEAM PO BOX 53410 BELLEVUE WA 98015-53410	debtor's mobile telephony
WOMAN'S WORKOUT WORLD 16015 S HARLEM AVE TINLEY PARK IL 60477-1611	debtor's usage of gymnasium for maintenance of debtor's health & fitness
----- NOTHING FOLLOWS -----	

In re ESTHER GRIEGO,
DebtorCase No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
GILBERT M VEGA address unknown believed to have relocated to Arizona	CITIFINANCIAL RETAIL SERVICES PO BOX 183041 COLUMBUS OH 43218-3041 Re: Acct. 6032-5903-2352-1533 (furniture)
----- Nothing follows	-----

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 52 (debtor)
Employment:	DEBTOR	SPOUSE
Occupation	receptionist	N/A - single
Name of Employer	Nisen & Elliott LLC	
How long employed	two years	
Address of Employer		
200 W ADAMS ST STE 2500		
CHICAGO IL 60606-5232		

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
	\$3437.50	\$
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$0	\$
2. Estimate monthly overtime		
3. SUBTOTAL	\$3437.5	\$0
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$643.57	\$
b. Insurance	\$239.92	\$
c. Union dues	\$0	\$
d. Other (Specify):	\$0	\$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$883.49	\$0
6. TOTAL NET MONTHLY TAKE HOME PAY	\$2554.01	\$0
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$0	\$
8. Income from real property	\$0	\$
9. Interest and dividends	\$0	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0	\$
11. Social security or government assistance (Specify):	\$0	\$
12. Pension or retirement income	\$0	\$
13. Other monthly income (Specify):	\$0	\$
14. SUBTOTAL OF LINES 7 THROUGH 13	\$0	\$0
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$2554.01	\$0
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$2554.01	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
none



NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Period Ending: 08/03/2007
Pay Date: 08/03/2007

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 0

ESTHER GRIEGO
4416 W 59TH ST
CHICAGO IL 60629

Social Security Number: XXX-XX-3871

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	1586.54		1,586.54	25,384.64	401K		1,983.38
Gross Pay			\$1,586.54	25,384.64	401K -Epr		116.67
Deductions	Statutory						
			Federal Income Tax	-154.61			2,376.30
			Social Security Tax	-91.51			1,463.49
			Medicare Tax	-21.40			342.27
			IL State Income Tax	-40.77			648.60
	Other						
			Checking	-550.85			
			Checking 2	-500.00			
			Pre Tax Medical	-110.73*			1,780.04
			401K	-116.67*			1,983.38
			Travel				525.00
Net Pay			\$0.00				

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,359.14

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TEAR HERE

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Advice number: 00000310017
Pay date: 08/03/2007

Deposited to the account of
ESTHER GRIEGO

account number	transit ABA	amount
5308164051	0710 0050	\$550.85
917391500	2710 7080	\$500.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Period Ending: 07/20/2007
Pay Date: 07/20/2007

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 0

ESTHER GRIEGO
4416 W 59TH ST
CHICAGO IL 60629

Social Security Number: XXX-XX-3871

Earnings	rate	hours	this period
Regular	1586.54		1,586.54
Gross Pay			\$1,586.54

year to date
23,798.10
23,798.10

Other Benefits and Information	this period	total to date
401K		1,866.71
401K -Epr		116.67

Deductions	Statutory	
Federal Income Tax	-143.36	2,221.69
Social Security Tax	-91.50	1,371.98
Medicare Tax	-21.40	320.87
IL State Income Tax	-40.77	607.83
Other		
Checking	-487.11	
Checking 2	-500.00	
Pre Tax Medical	-110.73*	1,669.31
Travel	-75.00*	525.00
401K	-116.67*	1,866.71
Net Pay		\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,284.14

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Advice number: 00000290017
Pay date: 07/20/2007

Deposited to the account of	account number	transit ABA	amount
ESTHER GRIEGO	5308164051	0710 0050	\$487.11
	917391500	2710 7080	\$500.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



NISEN & ELLIOTT
 PAYROLL ACCOUNT
 200 WEST ADAMS ST., SUITE 2500
 CHICAGO, IL 60606-5283

Period Ending: 07/06/2007
 Pay Date: 07/06/2007

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 1
 IL: 0

ESTHER GRIEGO
 4416 W 59TH ST
 CHICAGO IL 60629

Social Security Number: XXX-XX-3871

Earnings	rate	hours	this period	year to date
Regular	1586.54		1,586.54	22,211.56
Gross Pay			\$1,586.54	22,211.56

Other Benefits and Information	this period	total to date
401K		1,750.04
401K -Epr		116.67

Deductions	Statutory		
	Federal Income Tax	-154.61	2,078.33
	Social Security Tax	-91.50	1,200.48
	Medicare Tax	-21.40	299.47
	IL State Income Tax	-40.77	567.06
	Other		
	Checking	-550.86	
	Checking 2	-500.00	
	Pre Tax Medical	-110.73*	1,558.58
	401K	-116.67*	1,750.04
	Travel		450.00
Net Pay			\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,359.14

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

NISEN & ELLIOTT
 PAYROLL ACCOUNT
 200 WEST ADAMS ST., SUITE 2500
 CHICAGO, IL 60606-5283

Advice number: 00000270017
 Pay date: 07/06/2007

Deposited to the account of	account number	transit ABA	amount
ESTHER GRIEGO	5308164051	0710 0050	\$550.86
	917391500	2710 7080	\$500.00

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Period Ending: 06/22/2007
Pay Date: 06/22/2007

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 0

ESTHER GRIEGO
4416 W 59TH ST
CHICAGO IL 60629

Social Security Number: XXX-XX-3871

Earnings	rate	hours	this period	year to date
Regular	1586.54		1,586.54	20,625.02
Gross Pay			\$1,586.54	20,625.02

Other Benefits and Information	this period	total to date
401K		1,633.37
401K -Epr		116.67

Deductions	Statutory		
	Federal Income Tax	-143.36	1,923.72
	Social Security Tax	-91.50	1,188.98
	Medicare Tax	-21.40	278.07
	IL State Income Tax	-40.77	526.29
	Other		
	Checking	-487.11	
	Checking 2	-500.00	
	Pre Tax Medical	-110.73*	1,447.85
	Travel	-75.00*	450.00
	401K	-116.67*	1,633.37
Net Pay		\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,284.14

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

NISEN & ELLIOTT
PAYROLL ACCOUNT
200 WEST ADAMS ST., SUITE 2500
CHICAGO, IL 60606-5283

Advice number: 00000250016
Pay date: 06/22/2007

Deposited to the account of	account number	transit ABA	amount
ESTHER GRIEGO	5308164051	0710 0050	\$487.11
	917391500	2710 7080	\$500.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



NISEN & ELLIOTT
 PAYROLL ACCOUNT
 200 WEST ADAMS ST., SUITE 2500
 CHICAGO, IL 60606-5283

Period Ending: 06/08/2007
 Pay Date: 06/08/2007

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 1
 IL: 0

ESTHER GRIEGO
 4416 W 59TH ST
 CHICAGO IL 60629

Social Security Number: XXX-XX-3871

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	1586.54		1,586.54	19,038.48	401K		1,516.70
Gross Pay			\$1,586.54	19,038.48	401K -Epr		116.67
Deductions	Statutory						
	Federal Income Tax		-154.61	1,780.36			
	Social Security Tax		-91.50	1,097.48			
	Medicare Tax		-21.40	256.67			
	IL State Income Tax		-40.77	485.52			
	Other						
	Checking		-550.86				
	Checking 2		-500.00				
	Pre Tax Medical		-110.73*	1,337.12			
	401K		-116.67*	1,516.70			
	Travel			375.00			
Net Pay			\$0.00				

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,359.14

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

NISEN & ELLIOTT
 PAYROLL ACCOUNT
 200 WEST ADAMS ST., SUITE 2500
 CHICAGO, IL 60606-5283

Advice number: 00000230017
 Pay date: 06/08/2007

Deposited to the account of	account number	transit ABA	amount
ESTHER GRIEGO	5308164051	0710 0050	\$550.86
	917391500	2710 7080	\$500.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



Tax Return Transcript

Request Date: 08-03-20
Response Date: 08-03-20
IRS Employee Number: ZV
Tracking Number: 1000173084

SSN Provided: 351-48-3871
Tax Period Ending: Dec. 31, 2004

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC) applicable. They do not show subsequent activity on the account.

SSN: 351-48-3871 SPOUSE SSN:
NAME(S) SHOWN ON RETURN: ESTHER GRIEGO
ADDRESS: 4416 W 59TH ST APT 4A
CHICAGO, IL 60629-5248-413

FILING STATUS: Head of Household
FORM NUMBER: 1040A
CYCLE POSID: 20050708
RECEIVED DATE: Apr. 15, 2005
REMITTANCE: 0.00
EXEMPTION NUMBER: 2
DEPENDENT 1 NAME CTRL: GRIE
DEPENDENT 1 SSN: 320-82-4454
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN: P00-10-6971
PREPARER EIN: 43-1862223

Income

WAGES, SALARIES, TIPS, ETC:	\$ 30,473.
TAXABLE INTEREST INCOME: SCH B:	\$ 0.
TAX-EXEMPT INTEREST:	\$ 0.
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.
QUALIFIED DIVIDENDS:	\$ 0.
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.
TOTAL IRA DISTRIBUTIONS:	\$ 0.

TAXABLE IRA DISTRIBUTIONS:	\$ 0.
TOTAL PENSIONS AND ANNUITIES:	\$ 0.
TAXABLE PENSION/ANNUITY AMOUNT:	\$ 0.
UNEMPLOYMENT COMPENSATION:	\$ 0.
TOTAL SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 30,473.
TOTAL INCOME:	\$ 30,473.
TOTAL INCOME PER COMPUTER:	\$ 30,473.

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.
IRA DEDUCTION:	\$ 0.
IRA DEDUCTION PER COMPUTER:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.
TUITION AND FEES DEDUCTION:	\$ 0.
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.
TOTAL ADJUSTMENTS:	\$ 0.
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 0.
ADJUSTED GROSS INCOME:	\$ 30,473.
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 30,473.

Tax and Credits

65-OR-OVER:	
BLIND:	
SPOUSE 65-OR-OVER:	
SPOUSE BLIND:	
EXEMPTION AMOUNT PER COMPUTER:	\$ 6,200.
TAXABLE INCOME:	\$ 17,123.
TAXABLE INCOME PER COMPUTER:	\$ 17,123.
TENTATIVE TAX:	\$ 2,059.
TENTATIVE TAX PER COMPUTER:	\$ 2,059.
CHILD & DEPENDENT CARE CREDIT:	\$ 0.
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.
EDUCATION CREDIT:	\$ 500.
EDUCATION CREDIT PER COMPUTER:	\$ 500.
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 500.
RETIREMENT SAVINGS CONTRB CREDIT:	\$ 200.
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:	\$ 200.
PRIM RET SAV CONTRB: F8880 LN6A:	\$ 2,000.
SEC RET SAV CONTRB: F8880 LN6B:	\$ 0.
CHILD TAX CREDIT:	\$ 0.
CHILD TAX CREDIT PER COMPUTER:	\$ 0.
ADOPTION CREDIT: F8839:	\$ 0.

ADOPTION CREDIT PER COMPUTER: \$ 0.
 TOTAL CREDITS: \$ 700.
 TOTAL CREDITS PER COMPUTER: \$ 700

Other Taxes

ADVANCED EARNED INCOME: \$ 0.
 TOTAL TAX LIABILITY TP FIGURES: \$ 1,359.
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: \$ 1,359.

Payments

FEDERAL INCOME TAX WITHHELD: \$ 2,951.
 ESTIMATED TAX PAYMENTS: \$ 0.
 EARNED INCOME CREDIT: \$ 0.
 EARNED INCOME CREDIT PER COMPUTER: \$ 0.
 NONTAXABLE COMBAT PAY ELECTION: \$ 0.
 TOT SS/MEDICARE WITHHELD: F8812: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: \$ 0.
 TOTAL PAYMENTS: \$ 2,951.
 TOTAL PAYMENTS PER COMPUTER: \$ 2,951.

Refund or Amount Owed

REFUND AMOUNT: \$ -1,592.
 APPLIED TO NEXT YEAR'S ESTIMATED TAX: \$ 0.
 ESTIMATED TAX PENALTY: \$ 0.
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER: \$ -1,592.
 BAL DUE/OVER PYMT USING COMPUTER FIGURES: \$ -1,592.

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER: 137
 AUTHORIZATION INDICATOR:
 THIRD PARTY DESIGNEE NAME: HR BLA
 THIRD PARTY DESIGNEE PHONE NUMBER:

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART I - HOPE CREDITS

STUDENT 1 NAME CNTRL: GE
 STUDENT 1 SSN: 320-82-44
 STUDENT 2 NAME CNTRL:
 STUDENT 2 SSN:
 STUDENT 3 NAME CNTRL:
 STUDENT 3 SSN:
 TENTATIVE HOPE CREDIT AMOUNT: \$ 300.

PART II - LIFETIME LEARNING CREDITS

STUDENT 1 NAME CNTRL: GE
 STUDENT 1 SSN: 351-48-38

STUDENT 2 NAME CNTRL:

STUDENT 2 SSN:

STUDENT 3 NAME CNTRL:

STUDENT 3 SSN:

TOTL LIFETIM LRNING CR QLFD EXP: \$ 1,000.

TOTL LIFETIM LRNING CR QLFD EXP PER COMPUTER: \$ 200.

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER: \$ 500.

GROSS EDUCATION CR PER COMPUTER: \$ 500.

TOTAL EDUCATION CREDIT AMOUNT: \$ 500.

TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER: \$ 500.

This Product Contains Sensitive Taxpayer Data



Tax Return Transcript

Request Date: 08-03-20
Response Date: 08-03-20
IRS Employee Number: ZV
Tracking Number: 100017308

SSN Provided: 351-48-3871
Tax Period Ending: Dec. 31, 2005

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC) applicable. They do not show subsequent activity on the account.

SSN: 351-48-3871 SPOUSE SSN:
NAME(S) SHOWN ON RETURN: ESTHER GRIEGO
ADDRESS: 4416 W 59TH ST APT 4A
CHICAGO, IL 60629-5248-413

FILING STATUS: Single
FORM NUMBER: 1040
CYCLE POSTED: 20071908
RECEIVED DATE: Apr. 20, 2007
REMITTANCE: 0.00
EXEMPTION NUMBER: 1
DEPENDENT 1 NAME CTRL:
DEPENDENT 1 SSN:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN: 355-32-0996
PREPARER EIN: 36 2159575

Income

WAGES, SALARIES, TIPS, ETC:	\$ 26,850.
TAXABLE INTEREST INCOME: SCH B:	\$ 50.
TAX-EXEMPT INTEREST:	\$ 0.
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.
QUALIFIED DIVIDENDS:	\$ 0.
REFUNDS OF STATE/LOCAL TAXES:	\$ 0.
ALIMONY RECEIVED:	\$ 0.
BUSINESS INCOME OR LOSS (Schedule C):	\$ 0.

BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$ 0.
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.
OTHER GAINS OR LOSSES (Form 4797):	\$ 0.
TOTAL IRA DISTRIBUTIONS:	\$ 0.
TAXABLE IRA DISTRIBUTIONS:	\$ 0.
TOTAL PENSIONS AND ANNUITIES:	\$ 5,035.
TAXABLE PENSION/ANNUITY AMOUNT:	\$ 0.
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$ 0.
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$ 0.
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$ 0.
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$ 0.
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$ 0.
FARM INCOME OR LOSS (Schedule F):	\$ 0.
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$ 0.
UNEMPLOYMENT COMPENSATION:	\$ 6,657.
TOTAL SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.
OTHER INCOME:	\$ 0.
SCHEDULE EIC SE INCOME PER COMPUTER:	\$ 0.
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$ 0.
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.
TOTAL INCOME:	\$ 38,592.
TOTAL INCOME PER COMPUTER:	\$ 38,592.

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.
JURY DUTY PAY DEDUCTION:	\$ 0.
HEALTH SAVINGS ACCT DEDUCTION:	\$ 0.
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$ 0.
MOVING EXPENSES: F3903:	\$ 0.
SELF EMPLOYMENT TAX DEDUCTION:	\$ 0.
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$ 0.
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$ 0.
SELF-EMP HEALTH INS DEDUCTION:	\$ 0.
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.
ALIMONY PAID SSN:	\$ 0.
ALIMONY PAID:	\$ 0.
IRA DEDUCTION:	\$ 0.
IRA DEDUCTION PER COMPUTER:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.
TUITION AND FEES DEDUCTION:	\$ 0.
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$ 0.
OTHER ADJUSTMENTS:	\$ 0.

ARCHER MSA DEDUCTION:	\$ 0.
ARCHER MSA DEDUCTION PER COMPUTER:	\$ 0.
TOTAL ADJUSTMENTS:	\$ 0.
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 0.
ADJUSTED GROSS INCOME:	\$ 38,592.
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 38,592.

Tax and Credits

65-OR-OVER:	
BLIND:	
SPOUSE 65-OR-OVER:	
SPOUSE BLIND:	\$ 5,000.
STANDARD DEDUCTION PER COMPUTER:	\$ 0.
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$ 33,592.
TAX TABLE INCOME PER COMPUTER:	\$ 3,200.
EXEMPTION AMOUNT PER COMPUTER:	\$ 30,392.
TAXABLE INCOME:	\$ 30,392.
TAXABLE INCOME PER COMPUTER:	\$ 38,592.
TOTAL POSITIVE INCOME PER COMPUTER:	\$ 4,259.
TENTATIVE TAX:	\$ 4,259.
TENTATIVE TAX PER COMPUTER:	\$ 0.
FORM 8814 ADDITIONAL TAX AMOUNT:	\$ 0.
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$ 0.
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$ 0.
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$ 0.
FOREIGN TAX CREDIT:	\$ 0.
FOREIGN TAX CREDIT PER COMPUTER:	\$ 0.
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$ 0.
CHILD & DEPENDENT CARE CREDIT:	\$ 0.
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.
EDUCATION CREDIT:	\$ 668.
EDUCATION CREDIT PER COMPUTER:	\$ 668.
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 668.
RETIREMENT SAVINGS CONTRB CREDIT:	\$ 0.
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:	\$ 0.
PRIM RET SAV CONTRB: F8880 LN6A:	\$ 0.
SEC RET SAV CONTRB: F8880 LN6B:	\$ 0.
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMTR:	\$ 0.
RESIDENTIAL ENERGY CREDIT:	\$ 0.
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$ 0.
CHILD TAX CREDIT:	\$ 0.
CHILD TAX CREDIT PER COMPUTER:	\$ 0.
F8396, F8859 and F8839 Credit:	\$ 0.
FORM 3800 GENERAL BUSINESS CREDITS:	\$ 0.
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$ 0.
FORM 1040C CREDIT:	\$ 0.
PRIOR YR MIN TAX CREDIT: F8801:	\$ 0.

PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$ 0.
TENTATIVE EMPOWERMENT ZONE CREDIT: F8844:	\$ 0.
EMPOWERMENT ZONE CREDIT: F8844:	\$ 0.
OTHER CREDITS:	\$ 0.
TOTAL CREDITS:	\$ 668.
TOTAL CREDITS PER COMPUTER:	\$ 668.
INCOME TAX AFTER CREDITS PER COMPUTER:	\$ 3,591.

Other Taxes

SE TAX:	\$ 0.
SE TAX PER COMPUTER:	\$ 0.
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$ 0.
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$ 0.
TAX ON QUALIFIED PLANS F5329 (PR):	\$ 504.
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$ 504.
IRAF TAX PER COMPUTER:	\$ 0.
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$ 4,095.
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$ 4,095.
ADVANCED EARNED INCOME:	\$ 0.
UNPAID FICA ON REPORTED TIPS:	\$ 0.
FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS:	\$ 0.
RECAPTURE TAX: F8611:	\$ 0.
HOUSEHOLD EMPLOYMENT TAXES:	\$ 0.
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$ 0.
RECAPTURE TAXES:	\$ 0.
TOTAL ASSESSMENT PER COMPUTER:	\$ 4,095.
TOTAL TAX LIABILITY TP FIGURES:	\$ 4,095.
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$ 4,095.

Payments

FEDERAL INCOME TAX WITHHELD:	\$ 3,280.
ESTIMATED TAX PAYMENTS:	\$ 0.
EARNED INCOME CREDIT:	\$ 0.
EARNED INCOME CREDIT PER COMPUTER:	\$ 0.
NONTAXABLE COMBAT PAY ELECTION:	\$ 0.
FORM 8812 NONTAXABLE COMBAT PAY:	\$ 0.
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$ 0.
TOT SS/MEDICARE WITHHELD: F8812:	\$ 0.
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$ 0.
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$ 0.
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$ 0.
AMOUNT PAID WITH FORM 4868:	\$ 0.
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$ 0.
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$ 0.
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$ 0.
HEALTH COVERAGE TX CR: F8885:	\$ 0.
FEDERAL PHONE EXCISE TAX CREDIT PER COMPUTER:	\$ 0.
FORM 8913 PHONE EXCISE TAX PER COMPUTER:	\$ 0.
FEDERAL PHONE EXCISE TAX CREDIT AMOUNT:	\$ 0.

FEDERAL PHONE EXCISE TAX CREDIT VERIFIED AMOUNT: \$ 0.
 TOTAL PAYMENTS: \$ 3,280.
 TOTAL PAYMENTS PER COMPUTER: \$ 3,280.

Refund or Amount Owed

AMOUNT YOU OWE: \$ 815.
 APPLIED TO NEXT YEAR'S ESTIMATED TAX: \$ 0.
 ESTIMATED TAX PENALTY: \$ 0.
 TAX ON INCOME LESS STATE REFUND PER COMPUTER: \$ 0.
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER: \$ 815.
 BAL DUE/OVER PYMT USING COMPUTER FIGURES: \$ 815.
 FORM 8888 TOTAL DEPOSIT PER COMPUTER: \$ 0.

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:
 AUTHORIZATION INDICATOR:
 THIRD PARTY DESIGNEE NAME:

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART I - HOPE CREDITS

STUDENT 1 NAME CNTRL:
 STUDENT 1 SSN:
 STUDENT 2 NAME CNTRL:
 STUDENT 2 SSN:
 STUDENT 3 NAME CNTRL:
 STUDENT 3 SSN:
 TENTATIVE HOPE CREDIT AMOUNT: \$ 0.

PART II - LIFETIME LEARNING CREDITS

STUDENT 1 NAME CNTRL: GE
 STUDENT 1 SSN: 351-48-3871
 STUDENT 2 NAME CNTRL:
 STUDENT 2 SSN:
 STUDENT 3 NAME CNTRL:
 STUDENT 3 SSN:
 TOTL LIFETIM LRNING CR QLFD EXP: \$ 3,341.
 TOTL LIFETIM LRNING CR QLFD EXP PER COMPUTER: \$ 668.

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER: \$ 668.
 GROSS EDUCATION CR PER COMPUTER: \$ 668.
 TOTAL EDUCATION CREDIT AMOUNT: \$ 668.
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER: \$ 668.

This Product Contains Sensitive Taxpayer Data



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-03-20

Response Date: 08-03-20

IRS Employee Number: ZVU

Tracking Number: 1000173082

Tax Return Transcript

SSN Provided: 351-48-3871
Tax Period Ending: Dec. 31, 2006

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC) applicable. They do not show subsequent activity on the account.

SSN: 351-48-3871 **SPOUSE SSN:**
NAME(S) SHOWN ON RETURN: ESTHER GRIEGO
ADDRESS: 4416 W 59TH ST APT 4A
 CHICAGO, IL 60629-5248-413

FILING STATUS: Single
FORM NUMBER: 1040
CYCLE POSTED: 20071908
RECEIVED DATE: Apr. 15, 2007
REMITTANCE: 0.00
EXEMPTION NUMBER: 1

DEPENDENT 1 NAME CTRL:
DEPENDENT 1 SSN:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:

PREPARER SSN: 355 32-0996
PREPARER EIN: 36-2159575

Income

WAGES, SALARIES, TIPS, ETC:	\$ 37,100.
TAXABLE INTEREST INCOME: SCH B:	\$ 0.
TAX-EXEMPT INTEREST:	\$ 0.
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.
QUALIFIED DIVIDENDS:	\$ 0.
REFUNDS OF STATE/LOCAL TAXES:	\$ 0.
ALIMONY RECEIVED:	\$ 0.
BUSINESS INCOME OR LOSS (Schedule C):	\$ 0.

BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$ 0.
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.
OTHER GAINS OR LOSSES (Form 4797):	\$ 0.
TOTAL IRA DISTRIBUTIONS:	\$ 0.
TAXABLE IRA DISTRIBUTIONS:	\$ 0.
TOTAL PENSIONS AND ANNUITIES:	\$ 0.
TAXABLE PENSION/ANNUITY AMOUNT:	\$ 9,000.
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$ 0.
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$ 0.
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$ 0.
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$ 0.
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$ 0.
FARM INCOME OR LOSS (Schedule F):	\$ 0.
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$ 0.
UNEMPLOYMENT COMPENSATION:	\$ 0.
TOTAL SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.
OTHER INCOME:	\$ 0.
SCHEDULE ETC SE INCOME PER COMPUTER:	\$ 0.
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$ 0.
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.
TOTAL INCOME:	\$ 46,100.
TOTAL INCOME PER COMPUTER:	\$ 46,100.

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.
JURY DUTY PAY DEDUCTION:	\$ 0.
HEALTH SAVINGS ACCT DEDUCTION:	\$ 0.
HEALTH SAVINGS ACCT DEDUCTION PER CMPTR:	\$ 0.
MOVING EXPENSES: F3903:	\$ 0.
SELF EMPLOYMENT TAX DEDUCTION:	\$ 0.
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$ 0.
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$ 0.
SELF EMP HEALTH INS DEDUCTION:	\$ 0.
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.
ALIMONY PAID: SSN:	\$ 0.
ALIMONY PAID:	\$ 0.
IRA DEDUCTION:	\$ 0.
IRA DEDUCTION PER COMPUTER:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.
TUITION AND FEES DEDUCTION:	\$ 3,491.
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 3,491.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$ 0.
OTHER ADJUSTMENTS:	\$ 0.

ARCHER MSA DEDUCTION:	\$ 0.
ARCHER MSA DEDUCTION PER COMPUTER:	\$ 0.
TOTAL ADJUSTMENTS:	\$ 3,491.
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 3,491.
ADJUSTED GROSS INCOME:	\$ 42,609.
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 42,609.

Tax and Credits

65-OR-OVER:	
BLIND:	
SPOUSE 65-OR-OVER:	
SPOUSE BLIND:	\$ 5,150.
STANDARD DEDUCTION PER COMPUTER:	\$ 0.
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$ 37,459.
TAX TABLE INCOME PER COMPUTER:	\$ 3,300.
EXEMPTION AMOUNT PER COMPUTER:	\$ 34,159.
TAXABLE INCOME:	\$ 34,159.
TAXABLE INCOME PER COMPUTER:	\$ 46,100.
TOTAL POSITIVE INCOME PER COMPUTER:	\$ 5,101.
TENTATIVE TAX:	\$ 5,101.
TENTATIVE TAX PER COMPUTER:	\$ 0.
FORM 8814 ADDITIONAL TAX AMOUNT:	\$ 0.
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$ 0.
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$ 0.
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$ 0.
FOREIGN TAX CREDIT:	\$ 0.
FOREIGN TAX CREDIT PER COMPUTER:	\$ 0.
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$ 0.
CHILD & DEPENDENT CARE CREDIT:	\$ 0.
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.
EDUCATION CREDIT:	\$ 0.
EDUCATION CREDIT PER COMPUTER:	\$ 0.
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.
RETIREMENT SAVINGS CONTRB CREDIT:	\$ 0.
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:	\$ 0.
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.
SEC RET SAV CNTRB: F8880 LN6B:	\$ 0.
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$ 0.
RESIDENTIAL ENERGY CREDIT:	\$ 0.
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$ 0.
CHILD TAX CREDIT:	\$ 0.
CHILD TAX CREDIT PER COMPUTER:	\$ 0.
F8396, F8859 and F8839 Credit:	\$ 0.
FORM 3800 GENERAL BUSINESS CREDITS:	\$ 0.
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$ 0.
FORM 1040C CREDIT:	\$ 0.
PRIOR YR MIN TAX CREDIT: F8801:	\$ 0.

PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: \$ 0.
 TENTATIVE EMPOWERMENT ZONE CREDIT: F8844: \$ 0.
 EMPOWERMENT ZONE CREDIT: F8844: \$ 0.
 OTHER CREDITS: \$ 0.
 TOTAL CREDITS: \$ 0.
 TOTAL CREDITS PER COMPUTER: \$ 0.
 INCOME TAX AFTER CREDITS PER COMPUTER: \$ 5,101.

Other Taxes

SE TAX: \$ 0.
 SE TAX PER COMPUTER: \$ 0.
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: \$ 0.
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: \$ 0.
 TAX ON QUALIFIED PLANS F5329 (PR): \$ 900.
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER: \$ 900.
 IRAF TAX PER COMPUTER: \$ 0.
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER: \$ 6,001.
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER: \$ 6,001.
 ADVANCED EARNED INCOME: \$ 0.
 UNPAID FICA ON REPORTED TIPS: \$ 0.
 FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS: \$ 0.
 RECAPTURE TAX: F8611: \$ 0.
 HOUSEHOLD EMPLOYMENT TAXES: \$ 0.
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER: \$ 0.
 RECAPTURE TAXES: \$ 0.
 TOTAL ASSESSMENT PER COMPUTER: \$ 6,001.
 TOTAL TAX LIABILITY TP FIGURES: \$ 6,001.
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: \$ 6,001.

Payments

FEDERAL INCOME TAX WITHHELD: \$ 4,896.
 ESTIMATED TAX PAYMENTS: \$ 0.
 EARNED INCOME CREDIT: \$ 0.
 EARNED INCOME CREDIT PER COMPUTER: \$ 0.
 NONTAXABLE COMBAT PAY ELECTION: \$ 0.
 FORM 8812 NONTAXABLE COMBAT PAY: \$ 0.
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD: \$ 0.
 TOT SS/MEDICARE WITHHELD: F8812: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: \$ 0.
 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: \$ 0.
 AMOUNT PAID WITH FORM 4868: \$ 0.
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT: \$ 0.
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS: \$ 0.
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER: \$ 0.
 HEALTH COVERAGE TX CR: F8885: \$ 0.
 FEDERAL PHONE EXCISE TAX CREDIT PER COMPUTER: \$ 30.
 FORM 8913 PHONE EXCISE TAX PER COMPUTER: \$ 0.
 FEDERAL PHONE EXCISE TAX CREDIT AMOUNT: \$ 30.

FEDERAL PHONE EXCISE TAX CREDIT VERIFIED AMOUNT:
TOTAL PAYMENTS:
TOTAL PAYMENTS PER COMPUTER:

\$ 0.
\$ 4,926.
\$ 4,926.

Refund or Amount Owed

AMOUNT YOU OWE:
APPLIED TO NEXT YEAR'S ESTIMATED TAX:
ESTIMATED TAX PENALTY:
TAX ON INCOME LESS STATE REFUND PER COMPUTER:
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:
BAL DUE/OVER PYMT USING COMPUTER FIGURES:
FORM 8888 TOTAL DEPOSIT PER COMPUTER:

\$ 1,102.
\$ 0.
\$ 27.
\$ 0.
\$ 1,102.
\$ 1,102.
\$ 0.

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:
AUTHORIZATION INDICATOR:
THIRD PARTY DESIGNEE NAME:

This Product Contains Sensitive Taxpayer Data

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 600.00
a. Are real estate taxes included? Yes _____ No <u>X</u>	
b. Is property insurance included? Yes _____ No <u>X</u>	
2. Utilities: a. Electricity and heating fuel	\$ 70.00
b. Water and sewer	\$ 0
c. Telephone	\$ 165.00
d. Other <u>none</u>	\$ 0
3. Home maintenance (repairs and upkeep)	\$ 20.00
4. Food	\$ 380.00
5. Clothing	\$ 65.00
6. Laundry and dry cleaning	\$ 80.00
7. Medical and dental expenses	\$ 50.00
8. Transportation (not including car payments)	\$ 120.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 75.00
10. Charitable contributions	\$ 0
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$ 0
b. Life	\$ 0
c. Health	\$ 0
d. Auto	\$
e. Other <u>none</u>	\$ 0
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>none</u>	\$ 0
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0
b. Other <u>\$66.99 on furniture purchase + \$80.81 on student loan</u>	\$ 147.80
c. Other <u>IRS anticipated payment plan</u>	\$ 100
14. Alimony, maintenance, and support paid to others	\$ 0
15. Payments for support of additional dependents not living at your home	\$ 0
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0
17. Other <u>none</u>	\$ 0
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 1872.8
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <u>none</u>	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2554.01
b. Average monthly expenses from Line 18 above	\$ 1872.8
c. Monthly net income (a. minus b.)	\$ 681.21000000

In re ESTHER GRIEGO,
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date 27 August 2007

Signature: /s/ Esther Griego
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN RE: ESTHER GRIEGO

) Chapter 7
) Bankruptcy Case No.
)
)
) Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

Date: 27 August 2007

A. To be completed in all cases.

I(~~we~~) Esther Griego and n/a, the undersigned debtor(~~s~~), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(~~we~~) have given my (~~our~~) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(~~we~~) consent to my(~~our~~) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(~~we~~) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(~~we~~) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (~~or individuals~~) whose debts are primarily consumer debts and who has (~~or have~~) chosen to file under chapter 7.

☒ I(~~we~~) am(~~are~~) aware that I(~~we~~) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(~~we~~) understand the relief available under each such chapter; I(~~we~~) choose to proceed under chapter 7; and I(~~we~~) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: 
(Debtor or Corporate Officer, Partner or Member)

Signature: N/A
(Joint Debtor)